

STATE OF ILLINOIS

Page 2

Facility Name & ID Number Alden Valley Ridge Rehab & HCC# 0036640 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>207</u>	Skilled (SNF)	<u>207</u>	<u>75,555</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>207</u>	TOTALS	<u>207</u>	<u>75,555</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>15,994</u>	<u>3,525</u>	<u>5,165</u>	<u>24,684</u>	8
9	SNF/PED					9
10	ICF	<u>27,387</u>	<u>2,368</u>	<u>777</u>	<u>30,532</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>43,381</u>	<u>5,893</u>	<u>5,942</u>	<u>55,216</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 73.08%

D. How many bed-hold days during this year were paid by Public Aid?

0 (Do not include bed-hold days in Section B.)E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
_____F. Does the facility maintain a daily midnight census? YesG. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐ NO ☒

I. On what date did you start providing long term care at this location?

Date started 02/01/91

J. Was the facility purchased or leased after January 1, 1978?

YES ☒ Date 02/01/91 NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☒ NO ☐ If YES, enter numberof beds certified 18 and days of care provided 3,396

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐Is your fiscal year identical to your tax year? YES ☐ NO ☐Tax Year: 12/31 Fiscal Year: 12/31

* All facilities other than governmental must report on the accrual basis.

STATE OF ILLINOIS

Page 3

Facility Name & ID Number Alden Valley Ridge Rehab & HCC # 0036640 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	320,189	35,563		355,752	1,675	357,427		357,427		1
2	Food Purchase		370,710		370,710	(39,087)	331,623	(10,126)	321,497		2
3	Housekeeping	175,511	28,810		204,321	662	204,983		204,983		3
4	Laundry	75,528	21,548		97,076	185	97,261		97,261		4
5	Heat and Other Utilities			229,448	229,448		229,448		229,448		5
6	Maintenance	55,119		177,794	232,913		232,913	16,963	249,876		6
7	Other (specify):*										7
8	TOTAL General Services	626,347	456,631	407,242	1,490,220	(36,565)	1,453,655	6,837	1,460,492		8
	B. Health Care and Programs										
9	Medical Director			15,600	15,600		15,600		15,600		9
10	Nursing and Medical Records	2,211,375	132,577	4,735	2,348,687	4,905	2,353,592	(9,569)	2,344,023		10
10a	Therapy	(7)			(7)		(7)		(7)		10a
11	Activities	68,954	4,071	2,310	75,335	114	75,449		75,449		11
12	Social Services	37,759		630	38,389		38,389		38,389		12
13	Nurse Aide Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,318,081	136,648	23,275	2,478,004	5,019	2,483,023	(9,569)	2,473,454		16
	C. General Administration										
17	Administrative	219,501			219,501		219,501		219,501		17
18	Directors Fees										18
19	Professional Services			715,698	715,698		715,698	(646,353)	69,345		19
20	Dues, Fees, Subscriptions & Promotions			43,878	43,878		43,878	(31,976)	11,902		20
21	Clerical & General Office Expenses	483,245	19,381	27,955	530,581	323	530,904	46,732	577,636		21
22	Employee Benefits & Payroll Taxes			429,365	429,365	31,223	460,588	68,279	528,867		22
23	Inservice Training & Education										23
24	Travel and Seminar			3,993	3,993		3,993	12,121	16,114		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			102,997	102,997		102,997	7,108	110,105		26
27	Other (specify):* Bad debt Recovery			(20,411)	(20,411)		(20,411)	20,411			27
28	TOTAL General Administration	702,746	19,381	1,303,475	2,025,602	31,546	2,057,148	(523,678)	1,533,470		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,647,174	612,660	1,733,992	5,993,826		5,993,826	(526,410)	5,467,416		29

* Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

STATE OF ILLINOIS

Page 4

Facility Name & ID Number Alden Valley Ridge Rehab & HCC #0036640 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			78,492	78,492		78,492	258,268	336,760			30
31	Amortization of Pre-Op. & Org.							24,082	24,082			31
32	Interest			129,866	129,866		129,866	690,731	820,597			32
33	Real Estate Taxes							145,277	145,277			33
34	Rent-Facility & Grounds			1,008,753	1,008,753		1,008,753	(1,008,136)	617			34
35	Rent-Equipment & Vehicles			7,789	7,789		7,789	23,017	30,806			35
36	Other (specify):* Mortgage insurance							43,672	43,672			36
37	TOTAL Ownership			1,224,900	1,224,900		1,224,900	176,911	1,401,811			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		183,789	460,790	644,579		644,579	(277,342)	367,237			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			113,333	113,333		113,333		113,333			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		183,789	574,123	757,912		757,912	(277,342)	480,570			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,647,174	796,449	3,533,015	7,976,638		7,976,638	(626,841)	7,349,797			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Facility Name & ID Number Alden Valley Ridge Rehab & HCC

0036640

Report Period Beginning:

01/01/2001

Ending:

12/31/2001

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(49,252)	30		9
10	Interest and Other Investment Income	(74)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,778)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(4,688)	32		18
19	Entertainment				19
20	Contributions	(3,074)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	20,411	27		24
25	Fund Raising, Advertising and Promotional	(25,411)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(3,074)	20		28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (66,940)		\$	30

OHF USE ONLY						
48		49	50	51	52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
	Amortization of Organization &			
33	Pre-Operating Expense			33
	Adjustments for Related Organization			
34	Costs (Schedule VII)	(376,243)		34
35	Other- Attach Schedule	(183,658)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (559,901)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (626,841)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Alden Valley Ridge Rehab & HCC

ID# 0036640

Report Period Beginning: 01/01/2001

Ending: 12/31/2001

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	American healthcare prior year expense adjustment	\$ 200	20	1
2	Adjust depreciation to Schedule XI	2,388	30	2
3	Real estate prior year tax expense adjustment	(2,401)	33	3
4	Illinois healthcare pac fees - backed out on p. 5A	(911)	20	4
5	back out non-costs in part b therapies (c/a's)5212/3/4	(5,864)	39	5
6	Interest on shareholders loans	(40,979)	32	6
7	Adjust deferred maintenance to schedule	7,180	6	7
8	HMO Contractual Allowances-GL 5040	(109,392)	39	8
9	HMO Contractual Allowances-GL 5026	(1,468)	39	9
10	HMO Contractual Allowances-GL 5080	(627)	39	10
11	HMO Contractual Allowances-GL 5042	(26,474)	39	11
12	HMO Contractual Allowances-GL 5093	(5,310)	39	12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(183,658)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Valley Ridge Rehab & HCC

0036640

Report Period Beginning:

01/01/2001

Ending:

12/31/2001

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,778)	0	0	(8,348)	0	0	0	0	0	0	0	(10,126)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	7,180	0	9,821	0	0	0	(38)	0	0	0	0	16,963	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	5,402	0	9,821	(8,348)	0	0	(38)	0	0	0	0	6,837	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	(7,544)	(2,025)	0	0	0	0	0	0	(9,569)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	(7,544)	(2,025)	0	0	0	0	0	0	(9,569)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	3,200	(649,553)	0	0	0	0	0	0	0	0	(646,353)	19
20	Fees, Subscriptions & Promotions	(32,270)	0	294	0	0	0	0	0	0	0	0	(31,976)	20
21	Clerical & General Office Expenses	0	831	28,427	12,842	4,632	0	0	0	0	0	0	46,732	21
22	Employee Benefits & Payroll Taxes	0	0	67,330	0	949	0	0	0	0	0	0	68,279	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	12,121	0	0	0	0	0	0	0	0	12,121	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	7,108	0	0	0	0	0	0	0	0	0	7,108	26
27	Other (specify):*	20,411	0	0	0	0	0	0	0	0	0	0	20,411	27
28	TOTAL General Administration	(11,859)	11,139	(541,381)	12,842	5,581	0	0	0	0	0	0	(523,678)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(6,457)	11,139	(531,560)	(3,050)	3,556	0	(38)	0	0	0	0	(526,410)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Valley Ridge Rehab & HCC

0036640

Report Period Beginning:

01/01/2001

Ending:

12/31/2001

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)
	D. Ownership												
30	Depreciation	(46,864)	292,115	11,855	0	1,162	0	0	0	0	0	0	258,268 30
31	Amortization of Pre-Op. & Org.	0	21,414	228	0	0	2,440	0	0	0	0	0	24,082 31
32	Interest	(45,741)	696,231	34,079	0	1,774	4,388	0	0	0	0	0	690,731 32
33	Real Estate Taxes	(2,401)	140,938	6,438	0	302	0	0	0	0	0	0	145,277 33
34	Rent-Facility & Grounds	0	(1,008,753)	617	0	0	0	0	0	0	0	0	(1,008,136) 34
35	Rent-Equipment & Vehicles	0	0	23,017	0	0	0	0	0	0	0	0	23,017 35
36	Other (specify):*	0	43,672	0	0	0	0	0	0	0	0	0	43,672 36
37	TOTAL Ownership	(95,006)	185,617	76,234	0	3,238	6,828	0	0	0	0	0	176,911 37
	Ancillary Expense												
	E. Special Cost Centers												
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0 38
39	Ancillary Service Centers	(149,135)	0	0	(13,878)	(34,079)	(80,250)	0	0	0	0	0	(277,342) 39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0 40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0 41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0 42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 43
44	TOTAL Special Cost Centers	(149,135)	0	0	(13,878)	(34,079)	(80,250)	0	0	0	0	0	(277,342) 44
	GRAND TOTAL COST												
45	(sum of lines 29, 37 & 44)	(250,598)	196,756	(455,326)	(16,928)	(27,285)	(73,422)	(38)	0	0	0	0	(626,841) 45

Facility Name & ID Number Alden Valley Ridge Rehab & HCC# 0036640Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rental Income	\$ 1,008,753	Valley Ridge Associates Limited Partnership		\$	\$ (1,008,753)	1
2	V	32 Interest Income	2,565	Valley Ridge Associates Limited Partnership			(2,565)	2
3	V	19 Audit expense		Valley Ridge Associates Limited Partnership		3,200	3,200	3
4	V	21 Misc		Valley Ridge Associates Limited Partnership		831	831	4
5	V	33 Real estate taxes		Valley Ridge Associates Limited Partnership		140,938	140,938	5
6	V	26 Insurance		Valley Ridge Associates Limited Partnership		7,108	7,108	6
7	V	32 Interest - Mortgage		Valley Ridge Associates Limited Partnership		698,796	698,796	7
8	V	36 Mortgage Insurance Prem.		Valley Ridge Associates Limited Partnership		43,672	43,672	8
9	V	30 Depreciation		Valley Ridge Associates Limited Partnership		292,115	292,115	9
10	V	31 Amortization		Valley Ridge Associates Limited Partnership		21,414	21,414	10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,011,318			\$ 1,208,074	\$ * 196,756	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Valley Ridge Rehab & HCC

0036640

Report Period Beginning: 01/01/2001

Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22 Employee Benefits	\$	Alden Management Services, Inc.	0.00%	\$ 67,330	\$ 67,330	15
16	V	19 Management fees	657,726	Alden Management Services, Inc.		10,681	(647,045)	16
17	V	21 Gen'l & Admin.		Alden Management Services, Inc.		28,427	28,427	17
18	V	6 maintenance/utilities		Alden Management Services, Inc.		9,821	9,821	18
19	V	24 autos/seminars		Alden Management Services, Inc.		12,121	12,121	19
20	V	20 dues/subscriptions		Alden Management Services, Inc.		294	294	20
21	V	30 depreciation		Alden Management Services, Inc.		11,855	11,855	21
22	V	31 amortization		Alden Management Services, Inc.		228	228	22
23	V	33 real estate tax		Alden Management Services, Inc.		6,438	6,438	23
24	V	34 rent		Alden Management Services, Inc.		617	617	24
25	V	35 rent-equip/vehicles		Alden Management Services, Inc.		23,017	23,017	25
26	V	32 interest	1,645	Alden Management Services, Inc.		35,724	34,079	26
27	V	19 Marketing Fees	2,508	Alden Management Services, Inc.			(2,508)	27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 661,879			\$ 206,553	\$ * (455,326)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Valley Ridge Rehab & HCC

0036640

Report Period Beginning: 01/01/2001

Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	2	TUBE FEEDINGS	\$ 25,732	PYRAMID HEALTH CARE SERVICES	100.00%	\$ 17,384	\$ (8,348)	15
16	V	10	NURSING SUPPLIES	19,233	PYRAMID HEALTH CARE SERVICES		11,689	(7,544)	16
17	V	39	SUPPLIES / PER DIEM FEES	33,848	PYRAMID HEALTH CARE SERVICES		19,970	(13,878)	17
18	V	21	GENERAL & ADMIN.		PYRAMID HEALTH CARE SERVICES		12,842	12,842	18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 78,813			\$ 61,885	\$ * (16,928)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Valley Ridge Rehab & HCC

0036640

Report Period Beginning: 01/01/2001

Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 drugs	\$ 118,462	Forum Extended Care II	100.00%	\$ 92,824	\$ (25,638)
16	V	10 houe stock	9,357	Forum Extended Care II		7,332	(2,025)
17	V	39 iv	39,001	Forum Extended Care II		30,560	(8,441)
18	V	22 fringe benefits		Forum Extended Care II		949	949
19	V	21 gen'l & admin		Forum Extended Care II		4,632	4,632
20	V	32 interest		Forum Extended Care II		1,774	1,774
21	V	33 real estate tax		Forum Extended Care II		302	302
22	V	30 depreciation		Forum Extended Care II		1,162	1,162
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 166,820			\$ 139,535	\$ * (27,285)

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Valley Ridge Rehab & HCC

0036640

Report Period Beginning: 01/01/2001

Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39 CPT REVENUES	\$ 277,139	COMMUNITY PHYSICAL THERAPY	100.00%	\$ 196,889	\$ (80,250)	15
16	V	31 AMORTIZATION		COMMUNITY PHYSICAL THERAPY		2,440	2,440	16
17	V	32 INTEREST		COMMUNITY PHYSICAL THERAPY		4,388	4,388	17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 277,139			\$ 203,717	\$ * (73,422)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Valley Ridge Rehab & HCC

0036640

Report Period Beginning: 01/01/2001

Ending: 12/31/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6 maintenance	\$ 6,111	Alden Bennett Construction	0.00%	\$ 6,073	\$ (38)	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 6,111			\$ 6,073	\$ * (38)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

STATE OF ILLINOIS

Page 7

Facility Name & ID Number Alden Valley Ridge Rehab & HCC # 0036640 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A Schlossberg	President		34.00	340,970	3.258	5.43	Salary	\$ 19,581	17	1
2	Lauren Magnusson	Clinical Coord		A	76,329	3.258	5.43	Salary	4,383	21	2
3	Terry Magnusson	Maint Super.		A	69,733	2.4435	5.43	Salary	4,005	21	3
4	Joan Carl	Vice president-AMS.		15.00	173,863	2.4435	5.43	Salary	9,984	17	4
5											5
6											6
7											7
8											8
9											9
10	A. Relatives of Floyd A Schlossberg										10
11											11
12											12
13								TOTAL	\$ 37,953		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME.
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden Valley Ridge Rehab & HCC # 0036640 Report Period Beginning: 01/01/2001 Ending: 2/31/2001

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization ALDEN MANAGEMENT SERVICES
 Street Address 4200 W. PETERSON AVENUE
 City / State / Zip Code CHICAGO ILLINOIS 60646
 Phone Number (773-286-3883
 Fax Number (773-286-3743

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2	See page 8A								2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	Cambridge Realty Capital		X	Mortgage	\$63,990.00	9/96	\$ 9,009,300	\$ 8,703,045	8/31	8.0000	\$ 698,796	1	
2												2	
3												3	
4												4	
5	US Treasury		X	Payroll Taxes							14,062	5	
	Working Capital												
6	RELATED PARTY - CPT	x		OPERATIONS	NONE					VARIES	4,388	6	
7	Related party - AMS/FECII	X		OPERATIONS	NONE					VARIES	37,498	7	
8	Corus Bank		X	Working Capital	\$19,028.00		900,000	532,776	5/04	6.7500	68,492	8	
9	TOTAL Facility Related				\$83,018.00		\$ 9,909,300	\$ 9,235,821			\$ 823,236	9	
	B. Non-Facility Related*												
10				Interest Income							(2,639)	10	
11												11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (2,639)	14	
15	TOTALS (line 9+line14)						\$ 9,909,300	\$ 9,235,821			\$ 820,597	15	

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.

(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.

(See instructions.)

0036640 Report Period Beginning: 01/01/2001 Ending: 12/31/2001

B. Real Estate Taxes

NOTES:

1. Please indicate a negative number by use of brackets (). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity. **This denial must be no more than four years old at the time the cost report is filed.**

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Valley Ridge Rehab & HCC COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0036640

CONTACT PERSON REGARDING THIS REPORT Steven M.Kroll

TELEPHONE 773-286-3883 FAX #: 773-286-3743

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>02-23-301-009</u>	<u>Nursing home facility</u>	\$ <u>137,099.68</u>	\$ <u>137,099.68</u>
2. <u>02-23-301-017</u>	<u>Nursing home facility</u>	\$ <u>2,437.80</u>	\$ <u>2,437.80</u>
3. _____	<u>Related party - Alden Management</u>	\$ <u>118,551.00</u>	\$ <u>6,438.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>258,088.48</u>	\$ <u>145,975.48</u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

A. Square Feet: 72,046
 B. General Construction Type: Exterior BRICK Frame STEEL Number of Stories 3

C. Does the Operating Entity? ☐ (a) Own the Facility ☒ (b) Rent from a Related Organization. ☐ (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? ☐ (a) Own the Equipment ☒ (b) Rent equipment from a Related Organization. ☐ (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? ☐ YES ☐ NO
 If so, please complete the following:

1. Total Amount Incurred: 759,322

2. Number of Years Over Which it is Being Amortized: 5YEARS / 40 YEARS

3. Current Period Amortization: 21,414

4. Dates Incurred: 1990-1991

Nature of Costs: _____
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Nursing home		1990	\$ 317,223	1
2					2
3	TOTALS			\$ 317,223	3

XL OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	Related party-Forum			1978	\$ 18,359	\$	22	\$		\$ 18,359	4
5	207		1991		6,027,235	250,160	30	200,908	(49,252)	2,193,245	5
6											6
7											7
8											8
	Improvement Type**										
9	Related Party-Forum:										9
10	Leasehold Improvement-Remodeling			1980	19,335		20			19,335	10
11	Leasehold Improvement-Remodeling			1980	1,208		10			1,208	11
12	Leasehold Improvement-Remodeling			1986	645		5			645	12
13	Leasehold Improvement-Remodeling			1990	404		5			404	13
14	Leasehold Improvement-Remodeling			1991	94		5			94	14
15	Leasehold Improvement-Remodeling			1993	8,304	830	10	830		7,474	15
16	Leasehold Improvement-Remodeling			1993	6,504	671	9.7	671		6,035	16
17	Leasehold Improvement-sign			1994	261	22	12	22		174	17
18	Leasehold Improvement-dryvit			1995	443	44	10	44		310	18
19	Leasehold Improvement-new ac			1999	723	48	15	48		145	19
20	Leasehold Improvement-roof			1985	972	51	19	51		870	20
21	Leasehold Improvement-roof			1994	863	58	15	58		460	21
22	Leasehold Improvement-roof			1997	819	55	15	55		273	22
23	Leasehold Improvement-roof			1998	1,390	93	15	93		371	23
24	Leasehold Improvement-parking lot asphalt			2000	111	11	10	11		22	24
25	Leasehold Improvement-hallway lighting			2001	155	16	10	16		16	25
26	Leasehold Improvement-DAL			2001	195	19	10	19		19	26
27											27
28	Related Party-AMS:										28
29	Leasehold Improvement-Remodeling			1993	4,266		7			4,266	29
30	Leasehold Improvement-Remodeling			1994	2,112	64	7	64		2,112	30
31											31
32	Related Party-FECII:			1999	4,745	252	5	252		364	32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37 LEASEHOLD IMPROVEMENTS	1991	\$ 1,644,299	\$	VARIOUS	\$	\$	\$		37
38 REPAIR A/C,CONTROL SYSTEM & PUMP/MISC.	1991	18,611		5					38
39 EXHAUST FAN/HVAC/BURNISHER/MISC.	1992	32,815	1,747	5,10 & 15	1,747		25,286		39
40 PIPE INSULATION/HVAC/MISC.	1993	31,308	1,935	5,10,15 & 17	1,935		22,101		40
41 SEWER WORK/CARPETING/ROOFING/INJECTOR PUMP	1994	28,814	1,129	5,10 & 25	1,129		21,666		41
42 REPAIR PUMPS/FAUCETS/HVAC/REGROUT SHOWERS/MSC	1995	28,634	2,272	10,15 & 20	2,272		15,449		42
43 ROOF REPAIR	1996	3,200	320	10	320		1,813		43
44 ROOF REPAIR	1996	2,500	250	10	250		1,354		44
45 PARKING LOT LIGHTING	1996	3,716	248	15	248		1,342		45
46 PARKING LOT LIGHTING,EMRGNCY SERVICE-POWER OUT	1997	8,767	1,753	5	1,753		8,767		46
47 REPAIR PUMP	1997	1,800	360	5	360		1,680		47
48 ROOF REPAIRS	1997	2,590	518	5	518		2,374		48
49 REPLACE COMPRESSOR	1997	6,885	1,377	5	1,377		6,197		49
50 REPLACE MIXING VALVE	1997	2,763	553	5	553		2,440		50
51 REPAIR PUMP	1997	2,161	432	5	432		2,017		51
52 REPLACE PUMP	1997	6,293	1,259	5	1,259		5,874		52
53 REPLACED COMPRESSOR	1997	5,000	1,000	5	1,000		4,167		53
54 ROOF REPAIRS	1997	1,800	360	5	360		1,500		54
55 DOOR HOLDER	1997	4,088	409	10	409		1,669		55
56 PARKING LOT	1997	131,918	6,596	20	6,596		106,058		56
57 INSTALL WALL PLATES/OUTLETS	1997	4,968	497	10	497		2,111		57
58 INSTALL CABLE	1998	5,244	524	10	524		1,792		58
59 CABINETS	1998	73,000	3,650	20	3,650		8,883		59
60 PAINTING	1998	52,000	2,600	20	2,600		8,883		60
61 CARPETING	1998	59,500	2,975	20	2,975		10,165		61
62 DRAPERIES	1998	13,000	650	20	650		2,221		62
63 ROOF	1998	79,000	3,950	20	3,950		13,496		63
64									64
65									65
66									66
67									67
68									68
69									69
70 TOTAL (lines 4 thru 69)		\$ 8,353,817	\$ 289,758		\$ 240,506	\$ (49,252)	\$ 2,535,506		70

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 8,353,817	\$ 289,758		\$ 240,506	\$ (49,252)	\$ 2,535,506	1
2	OIL/DRIER ON STAGE COMPRESSOR	1998	2,900	193	15	193		725	2
3	REPAIR TOWER	1998	2,727	182	15	182		636	3
4	REPLACE PRESSURE RELIEF VALVE	1998	1,940	129	15	129		453	4
5	CARPETING	1998	1,667	333	5	333		1,139	5
6	CARPETING	1998	15,858	3,172	5	3,172		10,572	6
7	CARPETING	1998	5,000	1,000	5	1,000		3,333	7
8	REPAIR FUEL PUMP ON GENERATOR	1998	2,532	127	20	127		422	8
9	FLOOR TILE	1998	4,876	488	10	488		1,585	9
10	REPAIR SHAFT AND GEAR REDUCER ON DRYER	1998	2,058	206	10	206		669	10
11	REPAIR VALVE IN THERAPY ROOM	1998	1,505	100	15	100		318	11
12	REPLACE HEAT PUMP	1998	3,773	252	15	252		797	12
13	CARPETING	1998	20,000	4,000	5	4,000		12,667	13
14	CARPETING	1998	18,082	3,616	5	3,616		11,452	14
15	Alden Bennet Construction (tank replacement)	1999	12,409	827	15	827		2,413	15
16	Northtown (repair dishwasher)	1999	1,695	170	10	170		494	16
17	Climate Service (replace hot water heater)	1999	9,561	637	15	637		1,753	17
18	Taylor Plumbing (pump repair)	1999	1,728	346	5	346		950	18
19	Ashland Plumbing & Heating Co. (furnished and installed ejector pump)	1999	6,658	444	15	444		1,184	19
20	Rykoff-Sexton (booster heater)	1999	1,893	189	10	189		505	20
21	Climate Service (cleaned condenser and tower)	1999	2,642	264	10	264		682	21
22	Patten Industries(generator repair)	1999	2,870	287	10	287		718	22
23	Fox Valley Fire & Safety(nurse call system repair)	1999	1,510	101	15	101		227	23
24	Fox Valley Fire & Safety(nurse call system repair)	1999	1,632	109	15	109		245	24
25	Climate Service(repair tower fan)	1999	4,733	473	10	473		1,065	25
26	Climate Service(repair tower fan)	1999	2,405	241	10	241		541	26
27	New Horizons(replace power supply for phone system)	1999	3,767	377	10	377		848	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,490,239	\$ 308,021		\$ 258,769	\$ (49,252)	\$ 2,591,899	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 8,490,239	\$ 308,021		\$ 258,769	\$ (49,252)	\$ 2,591,899	1
2	Patten Industries(rebuild generator)	1999	7,884	394	20	394		821	2
3	Alco(nuts, bolts, lock extensions, tube cap,head screw)	1999	1,779	356	5	356		741	3
4	System Electric(repair dedicated circuits)	2000	2,461	164	15	164		314	4
5	Capps Plumbing (repair ejector pumps)	2000	4,970	331	15	331		635	5
6	Fox Valley (re-wire smoke detectors)	2000	14,576	1,458	10	1,458		2,551	6
7	Harold(repair dish machine)	2000	962	192	5	192		256	7
8	Harold(repair dish machine)	2000	1,328	266	5	266		331	8
9	new horizons-install phone line	2000	2,742	274	10	274		411	9
10	ABC-miscell. Construct.maint. Work	2000	835	167	5	167		181	10
11	State mandated tank removal	2001	12,242	816	15	816		816	11
12	Water Pump repair	2001							12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,540,018	\$ 312,439		\$ 263,187	\$ (49,252)	\$ 2,598,956	34

**Improvement type must be detailed in order for the cost report to be considered complete.

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 644,454	\$ 56,076	\$ 56,076	\$	5-20 yrs	\$ 407,506	71
72	Current Year Purchases	12,422	349	349		5-15 yrs	349	72
73	Fully Depreciated Assets	310,198	3,386	3,386		3-5 yrs	310,198	73
74								74
75	TOTALS	\$ 967,073	\$ 59,811	\$ 59,811	\$		\$ 718,053	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	various	van/bus	1998-2000	\$ 11,938	\$ 3,797	\$ 3,797	\$	3	\$ 6,200	76
77	Bus for patient transport	2001	2001	49,826	9,965	9,965		5	9,965	77
78										78
79										79
80	TOTALS			\$ 61,764	\$ 13,762	\$ 13,762	\$		\$ 16,165	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 9,886,078	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 386,012	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 336,760	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (49,252)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,333,175	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$		86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Valley Ridge Associates Limited Partnership

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

☒ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized
by the length of the lease _____.

9. Option to Buy: ☐ YES ☒ NO Terms: _____ *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

☒ YES ☐ NO

16. Rental Amount for movable equipment: \$ 7,789

Description: Copy Machine

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. /2002 \$ _____

13. /2003 \$ _____

14. /2004 \$ _____

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.	2. CLASSROOM PORTION:	3. CLINICAL PORTION:
	IN-HOUSE PROGRAM <input type="checkbox"/>	IN-HOUSE PROGRAM <input type="checkbox"/>
	IN OTHER FACILITY <input type="checkbox"/>	IN OTHER FACILITY <input type="checkbox"/>
	COMMUNITY COLLEGE <input type="checkbox"/>	HOURS PER AIDE _____
	HOURS PER AIDE _____	

B. EXPENSES

ALLOCATION OF COSTS (d)

		1 Facility		2	3	4
		Drop-outs	Completed	Contract	Total	
1	Community College Tuition	\$	\$	\$	\$	
2	Books and Supplies					
3	Classroom Wages (a)					
4	Clinical Wages (b)					
5	In-House Trainer Wages (c)					
6	Transportation					
7	Contractual Payments					
8	Nurse Aide Competency Tests					
9	TOTALS	\$	\$	\$	\$	
10	SUM OF line 9, col. 1 and 2 (e)	\$				

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	\$ 118,485		\$	\$		\$ 118,485	1
2	Licensed Speech and Language Development Therapist		hrs	28,657					28,657	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs	127,218					127,218	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts	0			62,862		62,862	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Lab and Xray Other (specify): IV Therapy			0			30,015		30,015	13
14	TOTAL			\$ 274,360		\$	\$ 92,877		\$ 367,237	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 661,768	\$ 664,543	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 260,614)	788,765	788,764	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	108,823	108,823	6
7	Other Prepaid Expenses		41,658	7
8	Accounts Receivable (owners or related parties)	393,734	393,734	8
9	Other(specify): <u>Mortgage Escrows</u>		185,723	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,953,090	\$ 2,183,245	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		304,366	13
14	Buildings, at Historical Cost		7,880,053	14
15	Leasehold Improvements, at Historical Cost	672,982	804,900	15
16	Equipment, at Historical Cost	165,580	968,014	16
17	Accumulated Depreciation (book methods)	(499,701)	(3,702,215)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Financing fees</u>		635,284	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 338,861	\$ 6,890,402	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,291,951	\$ 9,073,647	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 511,820	\$ 512,174	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	396,203	396,203	28
29	Short-Term Notes Payable	228,336	302,652	29
30	Accrued Salaries Payable	314,929	314,929	30
31	Accrued Taxes Payable (excluding real estate taxes)	49,023	49,023	31
32	Accrued Real Estate Taxes(Sch.IX-B)		143,000	32
33	Accrued Interest Payable	236,870	294,890	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Unpaid Assessments</u>	93,424	93,424	36
37		349,358	249,385	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,179,963	\$ 2,355,680	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	437,600	437,600	39
40	Mortgage Payable		8,628,729	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to Stockholder</u>	304,440	304,440	43
44	<u>Due to affiliates</u>		608,719	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 742,040	\$ 9,979,488	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,922,003	\$ 12,335,168	46
47	TOTAL EQUITY (page 18, line 24)	\$ (630,052)	\$ (3,261,521)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,291,951	\$ 9,073,647	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (648,355)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (648,355)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	18,303	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 18,303	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (630,052)	24 *

* This must agree with page 17, line 47.

VII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 7,216,722	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,216,722	3
B. Ancillary Revenue			
4	Day Care	1,482	4
5	Other Care for Outpatients		5
6	Therapy	170,811	6
7	Oxygen	32,402	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 204,695	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	1,271	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	53,963	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 55,234	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	29,024	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 29,024	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)	853	27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 853	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 7,506,528	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,490,220	31
32	Health Care	2,478,004	32
33	General Administration	2,025,602	33
B. Capital Expense			
34	Ownership	1,224,900	34
C. Ancillary Expense			
35	Special Cost Centers	644,579	35
36	Provider Participation Fee	113,333	36
D. Other Expenses (specify):			
37	Less: Related party Salaries-Alden Management	(478,849)	37
38	Less: Related party Salaries-Forum	(4,570)	38
39	Less: Related party Salaries-Pyramid	(4,994)	39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 7,488,225	40
41	Income before Income Taxes (line 30 minus line 40)**	18,303	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 18,303	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Alden Valley Ridge Rehab & HCC

0036640

Report Period Beginning: 01/01/2001

Ending:

12/31/2001

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,901	2,005	\$ 64,722	\$ 32.28	1
2	Assistant Director of Nursing	1,950	2,062	52,162	25.30	2
3	Registered Nurses	22,634	25,099	616,506	24.56	3
4	Licensed Practical Nurses	22,721	24,570	511,221	20.81	4
5	Nurse Aides & Orderlies	74,589	77,739	933,771	12.01	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,519	1,607	26,287	16.36	9
10	Activity Assistants	4,423	4,617	42,667	9.24	10
11	Social Service Workers	1,888	2,224	37,759	16.98	11
12	Dietician					12
13	Food Service Supervisor	1,544	1,600	33,341	20.84	13
14	Head Cook					14
15	Cook Helpers/Assistants	30,185	33,089	286,847	8.67	15
16	Dishwashers					16
17	Maintenance Workers	4,280	4,369	44,976	10.29	17
18	Housekeepers	20,357	21,545	175,511	8.15	18
19	Laundry	7,971	8,482	75,527	8.90	19
20	Administrator					20
21	Assistant Administrator	695	903	17,389	19.26	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	4,331	4,639	58,427	12.59	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,074	2,082	52,356	25.15	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,671	1,959	35,495	18.12	31
32	Other Health C: Clinical Support	1,855	2,087	47,809	22.91	32
33	Other(specify) Personnel	1,953	2,082	45,985	22.09	33
34	TOTAL (lines 1 - 33)	208,541	222,760	\$ 3,158,758 *	\$ 14.18	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant		\$		35
36	Medical Director	Monthly	15,600	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	4,968	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	42	2,310	11-3	44
45	Social Service Consultant	12	630	12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	54	\$ 23,508		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	N/A	\$		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		\$		53

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description		Amount	Description	Amount
Adams	administrator	0	\$ 36,934	Workers' Compensation Insurance	\$	57,298	IDPH License Fee	\$ 200
Executives allocated from AMS	executives	0	178,460	Unemployment Compensation Insurance		10,350	Advertising: Employee Recruitment	547
Agpasa	administrator	0	4,107	FICA Taxes		265,468	Health Care Worker Background Check	1,253
				Employee Health Insurance		75,768	(Indicate # of checks performed 179)	
				Employee Meals		39,087		
				Illinois Municipal Retirement Fund (IMRF)*			Illinois healthcare	8,282
				DENTAL / LIFE INSURANCE		2,396	Fox Valley Fire & Safety inspections	556
				EMP RELATIONS / EMPLOYEE VACC		4,769	Village of Bloomingdale inspections	150
				MISC. PAYROLL / TUITION REIMBURSE		2,953	Misc. Costs	620
				401K MATCH		2,498	related party-ams	294
							Less: Public Relations Expense	()
							Non-allowable advertising	()
							Yellow page advertising	()
TOTAL (agree to Schedule V, line 17, col. 1)				TOTAL (agree to Schedule V,	\$	528,867	TOTAL (agree to Sch. V,	\$ 11,902
(List each licensed administrator separately.)			\$ 219,501	line 22, col.8)			line 20, col. 8)	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
			\$			\$	Out-of-State Travel	\$
							In-State Travel	3,347
							Aurora Garcia	396
							Seminar Expense	250
							related party-ams	12,121
							Entertainment Expense	()
							(agree to Sch. V,	
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL		\$	line 24, col. 8)	\$ 16,114
(Attach a copy of any management service agreement)								
C. Professional Services								
Vendor/Payee	Type		Amount					
Alden Management Services	MGMT. FEES/Mrktg fee		\$ 660,234					
Medi. Com	Software consultant		751					
American United	401 K administration		950					
Various professional fees	Misc. Prof. Fees		881					
Corus line of credit	Bank fees		7,250					
Ken Fisch	Legal fees		19,871					
Barry/Janet Herman	Legal fees		9,749					
Barry Greenburg	Legal fees		7,817					
Blackman Kallick	Acct fees		6,100					
U.S. Gas	Utility consultant		2,018					
Alen Design	Design fees		77					
TOTAL (agree to Schedule V, line 19, column 3)								
(If total legal fees exceed \$2500 attach copy of invoices.)			\$ 715,698					

* Attach copy of IMRF notifications

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
 (See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
1	Painting/hvac/pump rep's	2-10/92	\$ 6,223	5	\$ 326	\$	\$	\$	\$	\$	\$	\$	\$
2	Plumbing/painting	7-10/94	10,767	5	2,153	1,460							
3	Painting/hvac repairs	1-12/95	14,370	3-10	1,757	0							
4	Painting/hvac damper rep	1-12/96	21,136	3-10	5,513	2,838	656	656	656	656	656	656	
5	sprinklers/hvac repairs	5-11/97	12,867	3	4,289	4,289	2,989	0					
6	hvac repair	6/98	2,089	3	406	696	696	290	0				
7	painting>\$1,500 ytd 1999	7/99	10,794	3		1,799	3,598	3,598	1,799	0			
8	ABC(repair pole)	9/00	1,278	3			142	426	426	284	0		
9	GT Mech.(repair A/C)	8/00	1,545	3			214	515	515	301	0		
10	painting>\$1,500 ytd 2000	7/00	10,444	3			1,741	3,481	3,481	1,741	0		
11	Dishwasher motor	3/01	3,865	10				322	387	387	387	387	387
12	Water pump repair	6/01	1,706	5				199	341	341	341	341	142
13	New bearings and shaft	8/01	2,491	5				208	498	498	498	498	290
14	Phone jacks	9/01	1,572	5				105	314	314	314	314	209
15	Replace fan blade , shaft, l	9.01	3,534	5				236	707	707	707	707	471
16	Bed parts	9/01	2,324	10				77	232	232	232	232	232
17	Bed parts	10/01	233	10				6	23	23	23	23	23
18	Replace motor	10/01	791	10				44	79	79	79	79	79
19	Replace parts and piping	11/01	2,713	5				46	543	543	543	543	497
20	TOTALS		\$ 110,741		\$ 14,444	\$ 11,082	\$ 10,036	\$ 10,209	\$ 10,001	\$ 6,106	\$ 3,780	\$ 3,780	\$ 2,330

Facility Name & ID Number Alden Valley Ridge Rehab & HCC

STATE OF ILLINOIS

0036640

Report Period Beginning: 01/01/2001

Page 23

Ending: 12/31/2001

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? NO
- (2) Are there any dues to nursing home associations included on the cost report? YES
If YES, give association name and amount. Illinois healthcare assoc. \$8232
- (3) Did the nursing home make political contributions or payments to a political action organization? YES If YES, have these costs been properly adjusted out of the cost report? YES
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? YES
What was the average life used for new equipment added during this period? 10 YEARS
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 21,303 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? NO
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 113,333
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? NO If YES, attach an explanation of the allocation.

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 39,087 Has any meal income been offset against related costs? NONE Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? NO
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? N/A
d. Have vehicle usage logs been maintained? NO
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? NO
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? NO
Firm Name: _____ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? _____ If no, please explain. _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? YES
Attach invoices and a summary of services for all architect and appraisal fees.